

**LOBBYING REGISTRATION FORM**

To be used for initial registrations and renewals.

1035  
Lobbyist's Registration Number**FOR OFFICE USE ONLY**

Postmark Date: 03/04/12

Reg. 2000

J# 2000

4110.0000

106070x

**Instructions**

- Print in ink or type.
- Complete form and return with \$110 registration fee to the Board of Ethics, 2415 Quail Dr., 3rd Floor, Baton Rouge, LA 70808, (225) 763-8777 or (800) 842-6630.
- Initial registrations must be submitted within 5 days of (1) employment as a lobbyist or (2) first action requiring registration. Registrations expire as of December 31 unless a renewal is submitted between December 1 and January 31.

1. NAME Nolan B. Ronnell  
Last First MI2. BUSINESS PHONE 225-921-6711  
Area Code and Phone Number3. BUSINESS ADDRESS 364 Steele Blvd Bn 70806  
Street and No. City State ZipMAILING ADDRESS PO Box 65128 Bn 70896  
Street and No. City State Zip4. EMPLOYER The Nolan Group5. EMPLOYER'S ADDRESS PO Box 65128 Bn 70896  
Street and No. City State Zip

6. LIST BELOW (a) Names of persons, groups, or organizations which you represent; (b) the address of each such person, group, or organization you represent; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby.

1. Name Louisiana Association of Health Underwriters  
Address \_\_\_\_\_  
Business or purpose Ins  
Does this person pay you? No  
If No, who pays you? No-one. Volunteer

Will not be assisting  
next year.

No Clients/Volunteer work

# LOBBYING REGISTRATION FORM

Lobbyist's Registration Number

2. Name \_\_\_\_\_

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

3. Name \_\_\_\_\_

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

4. Name \_\_\_\_\_

Address \_\_\_\_\_

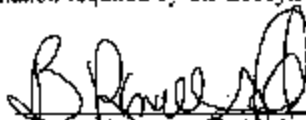
Business or purpose \_\_\_\_\_

Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

## CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.

  
Signature of Lobbyist

